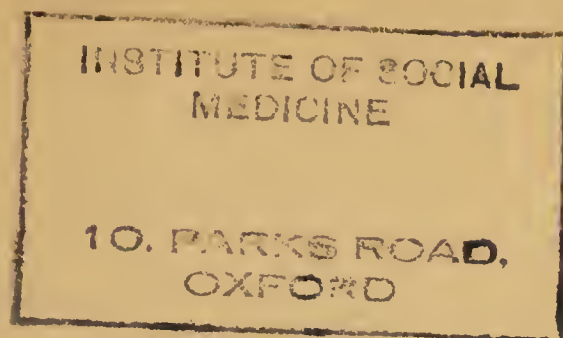


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Worcestershire County Council

EDUCATION COMMITTEE

ANNUAL REPORT

(Fortieth)

on the

SCHOOL HEALTH SERVICE

by

WYNDHAM PARKER, M.C., C.B.E.,

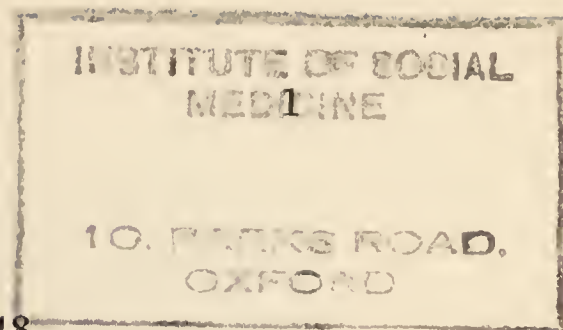
M.B., Ch.B. (Edin.), D.P.H. (Lond.)

County and School Medical Officer.

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1948

**Fortieth Annual Report on the
School Health Service
for the year ended 31st December, 1948.**



Mr. Chairman, Ladies and Gentlemen,

Although there has recently been a change in the method of classification of the state of nutrition of school children which makes any comparison with figures given in previous reports difficult, there is every indication that the state of health of the children (numbering approximately 50,000) in attendance at Worcestershire Schools has been well maintained. The year 1948 represented a transitional, if not revolutionary, period for School Medical Service: the previous arrangement whereby the Council in the main arranged and paid for any treatment considered necessary for school children has been superseded by the provisions of the National Health Service Act, 1946. Treatment with minor exceptions will in future be provided through the agency of Regional Hospital Boards and their Management Committees and the doctors serving the Executive Council have extended responsibilities.

It is of great importance that the preventive and curative provision made for school children, who are a priority group, shall be at least, if not more, efficient than that existing previously. I do not think it would be fair at this early stage to express any views on whether the new arrangements will meet this test, because any new machine requires a period of running in.

There are a few points which I think might with advantage be mentioned.

- (1) The new school medical record card includes details for a complete medical history for each child; this record to be of value must be accurate. The information provided by hospitals in the past has been invaluable, and the substitution of a history based on the memory and interpretation of the parent cannot provide a suitable alternative. There is doubt as to whether information will in future be as readily and regularly available to the School Health Service.
- (2) The long wait between the ordering and receipt of glasses, unless remedied, must detract from the usefulness of the service.
- (3) The priority dental service is in danger of collapse.
- (4) Will the School Health Service, after forty years of evolution, prove a less interesting career which fails to attract the right type of candidate? I think the answer must be found by retaining a close link between the inspection and treatment services.

The day to day supervision of the School Health Service is exercised by my Deputy, Dr. J. W. Pickup; he is largely responsible for the information contained in the body of this report.

The two Area Committees so far established for administering Part III services of the National Health Service Act are being utilised as a convenient means of providing a local Committee to assist the Education Committee in the day to day administration of the School Health Service for each area. This arrangement has the further advantage of linking the School Health Service with the Child Welfare Service of the locality.

The two areas are:—

- | | |
|----------------------------|---|
| (1) Oldbury Borough.— | Divisional Officer: Dr. E. V. Connolly. |
| (2) Kidderminster Borough. | <div style="display: inline-block; vertical-align: middle; font-size: 3em; line-height: 1;">{</div> <div style="display: inline-block; vertical-align: middle;"> Divisional Officer: Dr. C. Starkie.
 Deputy Divisional Officer:
 Dr. R. W. Markham. </div> |
| Bewdley Borough. | |
| Stourport Urban. | |
| Kidderminster Rural. | |
| Tenbury. | |

I am grateful to my deputy, Dr. Pickup who, as stated previously, undertakes the day to day administration of this service.

I also wish to pay tribute to the medical, nursing, dental and clerical staff who have all given excellent service. With the known difficulties of staffing and premises, which I believe to be national, rather than a local condition, the feeling of frustration can best be met by hard work, hope and the help which you, Mr. Chairman, and the Committee, have invariably given when problems have arisen.

Your obedient Servant,

WYNDHAM PARKER,
County and School Medical Officer.

County Buildings,
Worcester.

October, 1949.

STAFF.

County Medical Officer of Health and School Medical Officer:

Wyndham Parker, C.B.E., M.C., M.B., Ch.B., D.P.H.

Deputy County Medical Officer of Health and School Medical Officer:

J. W. Pickup, M.B., Ch.B., D.P.H., M.D.

Senior Administrative Medical Officer, Maternity and Child Welfare Service:

Sara C. Walker, M.D., M.B., B.S., M.R.C.S., L.R.C.P.,
D.P.H.

Divisional Area Medical Officers:

Kidderminster:

C. Starkie, M.D., M.B., Ch.B., M.R.C.S., L.R.C.P. D.P.H.

Oldbury:

E. V Connolly, M.B., Ch.B., L.M., D.C.H., D.P.H.

Chief Tuberculosis Officer:

R. B. Mayfield, M.D., D.P.H.

Assistant Tuberculosis Officers:

R. C. Cronin, M.B., Ch.B., M.R.C.S., L.R.C.P.

J. N. Macartney, M.B., B.Ch., B.A.O., D.P.H.

Assistant County and School Medical Officers:

N. Baster, M.B., Ch.B., D.P.H.

Eileen M. Bulmer, M.B., Ch.B.

Margaret C. Fell, M.B., Ch.B., D.P.H., D.C.H.

Pearl E. Freeman, M.B., Ch.B.

H. F. Green, M.A., M.B., B.Ch., M.R.C.S., L.R.C.P., D.P.H.

R. W. Markham, B.A., M.B., B.Ch., D.P.H.

Margaret M. Meikle, M.B., Ch.B., D.P.H.

F. S. Melville, M.B., Ch.B., D.P.H.

J. J. Murray, M.B., Ch.B., B.A.O., D.P.H.

Eleanor Patterson, M.B., B.S., D.P.H.

C. D. Rosenwald, M.B., Ch.B., D.P.H.

Moir K. Allington, M.B., B.Ch., M.R.C.S., L.R.C.P.,
D.C.H. (part-time).

Elizabeth E. Henderson, B.A., M.R.C.S., L.R.C.P., M.B.,
Ch.B., D.P.H. (part-time).

VERA PUGH BSc, M.B. Ch.B. M.R.C.S. L.R.C.P.

Oculists (Part time):

I. Lloyd Johnstone, M.B., M.R.C.S., L.R.C.P., D.O.

A. A. Douglas, M.D., M.B., Ch.B., D.P.H., F.R.C.S.

C. Martin Doyle, M.R.C.S., L.R.C.P.

Consultant Psychiatrist (Part time):

May Pearce, M.B., Ch.B., D.P.M.

Chief Dental Officer:

B. D. Britten, L.D.S.

Deputy Chief Dental Officer:

F. H. Pugh, L.D.S.

Assistant Dental Officers:

Marjorie J. Bond, L.D.S.
 A. B. Dunworth, L.D.S.
 Margaret R. Lindsay, L.D.S.
 K. R. E. Simpkin, L.D.S.
 E. V. Stone-Wigg, L.D.S.
 B. N. Watkins, L.D.S.

Chief Clerk:

G. P. Cooper.

Superintendent Health Visitor:

Miss N. Ashton, S.R.N., S.C.M., H.V.Cert.

Senior Health Visitor:

Miss J. C. Butler, S.R.N., S.C.M., H.V.Cert.

Superintendent District Nurses and District Nurse Midwives:

Miss V. Meadway Russell, S.R.N., S.C.M., Q.S.

Deputy Superintendent District Nurses and District Nurse Midwives:

Miss M. A. Price, S.R.N., S.C.M., H.V., Q.N.

Health Visitors:

Miss E. Abbott, S.R.N., S.C.M., H.V.Cert.
 Miss E. Aspinall, S.R.N., S.C.M., H.V.Cert.
 Miss E. R. Baird, S.R.N.
 Miss M. Blaze, S.R.N., S.C.M., H.V.Cert.
 Mrs. H. L. Bryan, S.R.N., S.C.M., H.V.Cert.
 Miss E. M. Clarke, R.S.C.N., S.C.M.
 Miss L. M. Coward, S.R.N., S.C.M., H.V.Cert.
 Miss G. N. Dawson, S.R.N., S.C.M.
 Miss D. M. Edwards, S.R.N., S.C.M., H.V.Cert.
 Mrs. L. K. Flood, S.R.N., S.C.M.
 Miss G. C. Furnish, S.R.N., S.C.M., H.V.Cert.
 Miss A. L. Gadd, S.R.N., S.C.M., H.V.Cert.
 Miss H. L. Gaunt, S.R.N., S.C.M.
 Miss A. H. Gaffney, S.R.N., S.C.M., H.V.Cert.
 Miss M. Hopkins, S.R.N., S.C.M., H.V.Cert.
 Miss E. M. Hollins, S.R.N., S.C.M., H.V.Cert.
 Miss B. J. Hudson, S.R.N., S.C.M., H.V.Cert.
 Mrs. E. Jones, S.R.N., S.C.M., H.V.Cert.
 Miss B. M. Lamb, S.R.N., S.C.M., H.V.Cert.
 Miss A. Lawson, S.R.N., S.C.M., H.V.Cert.
 Miss S. Mason, S.C.M.
 Miss E. Mellor, S.R.N., S.C.M., H.V.Cert.

Miss E. Nock, S.R.N., S.C.M.
 Miss E. E. Noke, S.R.N., S.C.M., H.V.Cert.
 Miss M. J. O'Grady, S.R.N., S.C.M., H.V.Cert.
 Mrs. E. L. Pitt, S.C.M., H.V.Cert.
 Miss M. I. Robson, S.R.N., S.C.M., H.V.Cert.
 Miss M. Sheppard, S.R.N., S.C.M.
 Miss P. M. Smith, S.R.N., S.C.M., H.V.Cert.
 Miss H. Stansfield, S.R.N., S.C.M., H.V.Cert.
 Mrs. W. C. Wall, S.R.N., S.C.M., H.V.Cert.
 Miss E. M. Webster, S.R.N., S.C.M., H.V.Cert.
 Miss J. G. Wedgewood, S.R.N., S.C.M., H.V.Cert.
 Miss O. A. Withers, S.R.N., S.C.M., H.V.Cert.

Dental Attendants:

Mrs. G. Shepherd.
 Miss A. Clissold.
 Miss V. A. Evans.
 Miss L. M. Fox.
 Miss E. R. Pagett.
 Miss F. R. Pagett.
 Miss A. Smith.
 Miss D. Yeates.

Orthopædic After Care Staff:

Miss O. M. Woods.
 Mrs. K. J. Johnson.

Speech Therapist:

Miss D. M. Edwards.

STATISTICS 1948.

Area of Administrative County (acres)	...	...	438,221
Population Mid 1948 (Registrar-General's Estimate)			387,980
Value of Id. rate	...	...	£7,655
School Population	...	...	49,888

	Schools	Boys	Girls
Nursery	2	37	39
Primary	272	19,010	17,702
Secondary Modern	22	3,909	3,876
Secondary Grammar	11	2,507	2,355
Secondary Technical	4	267	186
Total	314	25,730	24,158

(includes figures for Borough of Oldbury)

CO-ORDINATION.

The County Medical Officer is also the School Medical Officer and this ensures a unified direction and control of those child health services which are the direct responsibility of the Local Authority.

The District Medical Officers of Health are, with one exception, also Assistant County Medical Officers carrying out the duties of both the School Health and the Infant Welfare Services.

In the rural districts of the County the District Nurse, in conjunction with her ordinary duties, carries out duties under the School Health Service. With her intimate knowledge of the scattered families in her district she is able to achieve that continuity of supervision and advice which is often difficult to establish in sparsely populated rural communities.

Head Masters and Mistresses and members of their staffs have been most helpful with regard to the routine medical inspections and in the detailed investigation and treatment of individual handicapped pupils.

The cordial relationship with general practitioners has been maintained and it is hoped that this co-operation will increase as the full implementation of the National Health Service Act, 1946, is achieved.

SCHOOL HYGIENE.

Many improvements have been effected during the year though much remains to be done to remedy the defects of, or replace, many small rural schools which do not conform to the necessary hygienic standards of heating, lighting, ventilation, water supply, and sanitary conveniences. That the children do not suffer more ill-effects is in no small measure due to the painstaking care of the teaching staff.

Assistant School Medical Officers continued to make regular inspections and to report on existing conditions. Wherever possible any recommendations made have been adopted because much can be achieved even in these difficult times to remedy a defect when it can be pointed out that there is a danger to the health and well-being of the school-children.

Reference will be made later to the hygienic conditions in relation to the preparation, cooking, supply and dining facilities provided under the School Meals Service.

Assistant School Medical Officers.

Medical Inspections.

The introduction last year of the new enlarged Medical Record Cards has continued though the extra time involved in completing these detailed records has reduced the number of pupils examined by a Medical Officer in each session. Every endeavour is made to arrange definite appointments for parents, a time-saving necessity

much appreciated by the busy housewife. Medical inspections are carried out as required by the Ministry of Education as follows:—

Entrants.—All entrants attending a maintained school for the first time, who are inspected as soon as possible after admission.

Intermediates.—All children of 10-11 years age group at primary schools.

Leavers.—All children of 14 years age group and, at Grammar Schools, 15 years age group.

The Minister has agreed that so far as present staff limitations allow, the 8 years old group should be included and that in Grammar Schools the 13 years age group shall be included.

All “ special ” cases and re-inspections are seen as and when required, and any transferred child from the area of another authority as soon as possible after admission.

The arrangements for medical inspection in the new divisional health area of Oldbury and Kidderminster are made in Divisional Offices where all records and correspondence are filed.

The Statistical particulars are shown in Table I.

MEDICAL INSPECTION RETURNS

Year ended 31st December, 1948.

Local Education Authority Worcestershire.

Table I.

Medical Inspection of Pupils attending maintained Primary and Secondary Schools (including Special Schools).

A.—PERIODIC MEDICAL INSPECTIONS

Number of Inspections in the prescribed Groups						
Entrants	...	...	...	...	...	4,397
Second Age Group	...	...	...	...	...	2,875
Third Age Group	...	...	...	...	...	3,151
Total						10,423
Number of other Periodic Inspections						
	...	...	...	...	...	1,547
Grand Total						11,970

B.—OTHER INSPECTIONS

Number of Special Inspections	...	...	...	...	9,396
Number of Re-Inspections	...	...	...	...	9,792
Total					19,188

C.—PUPILS FOUND TO REQUIRE TREATMENT

Group			For defective vision (excluding squint).	For any of the other conditions recorded in Table IIA.	Total individual pupils.
(1)			(2)	(3)	(4)
Entrants	...	...	33	922	900
Second Age Group	...	...	194	459	622
Third Age Group	...	...	252	448	651
Total (prescribed groups)			479	1,829	2,173
Other Periodic Inspections	...	...	153	272	397
Grand Total	...	...	632	2,101	2,570

Table II.

A.—RETURN OF DEFECTS FOUND BY MEDICAL INSPECTION.

Defect Code No.	Defect or Disease (1)	PERIODIC INSPECTIONS		SPECIAL INSPECTIONS	
		No. of Defects		No. of Defects	
		Requiring treatment (2)	Requiring to be kept under observation, but not requiring treatment (3)	Requiring treatment (4)	Requiring to be kept under observation, but not requiring treatment (5)
4	Skin	147	43	111	8
5	Eyes—a. Vision ...	632	194	336	42
	b. Squint ...	148	44	65	12
	c. Other ...	89	21	44	13
6	Ears—a. Hearing ...	35	69	26	29
	b. Otitis Media	70	46	51	35
	c. Other ...	50	28	43	6
7	Nose or Throat ...	537	776	528	345
8	Speech	22	48	30	26
9	Cervical Glands ...	89	317	31	52
10	Heart and Circulation...	22	136	10	63
11	Lungs	83	208	96	101
12	Developmental—				
	a. Hernia ...	28	20	12	3
	b. Other	13	38	12	9
13	Orthopaedic				
	a. Posture ...	93	100	44	15
	b. Flat foot ...	252	377	114	52
	c. Other	198	189	101	38
14	Nervous system—				
	a. Epilepsy ...	1	13	12	17
	b. Other	9	35	35	21
15	Psychological—				
	a. Development ...	19	59	56	94
	b. Stability ...	10	29	11	6
16	Other	297	433	523	361

Table III.

Treatment Tables.

MINOR AILMENTS (excluding uncleanness).

(a)	Number of Defects treated, or under treatment during the year.					
SKIN—						
Ringworm—Scalp—						
(i) X-Ray treatment.	8
(ii) Other treatment	6
Ringworm—Body	32
Scabies	114
Impetigo	228
Other skin diseases	812
Eye disease	468
(External and other, but excluding errors of refraction, squint and cases admitted to hospital).						
Miscellaneous	3,671
(e.g., minor injuries, bruises, sores, chilblains, etc.)						
Total					...	5,756
(b) Total number of attendances at Authority's minor ailments clinics						
	16,354

CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

No. of pupils treated (a) under Child Guidance arrangements	...	Nil.
(b) under Speech Therapy arrangements	...	34

Classification of the General Condition of Pupils Inspected during the year in the Age Groups.

Age Groups	Number of Pupils Inspected	A—(Good)		B—(Fair)		C—(Poor)	
		No.	% of Col. 2	No.	% of Col. 2	No.	% of Col. 2
Entrants	4397	1574	35.8	2691	61.2	132	3.0
Second Age Group	2875	1171	40.7	1577	54.9	127	4.4
Third Age Group	3151	1166	37.0	1881	59.7	104	3.3
Other Periodic Inspections	1547	474	30.6	984	63.7	89	5.7
Total	11970	4385	36.6	7133	59.6	452	3.8

Findings of Medical Inspections.

(a) *Nutrition.*

Although it is difficult to define a "satisfactory standard" for nutrition, the standard as a whole was satisfactory and an assessment of general condition was classified accordingly to (A) Good, (B) Fair, (C) Poor only. 3.8% were in Category "C" which includes the two groups from previous annual reports of "slightly sub-normal" and "bad." Perhaps one of the most important causes of a lowering of the general condition is lack of sleep; too many school-children go to bed at least one and sometimes two hours later than they should do, thus failing to obtain sufficient sleep to maintain a state of first-class physical and mental health.

Cleanliness.

(i) Total number of examinations in the schools by the school nurses or other authorised persons ...	159,507
(ii) Total number of <i>individual</i> pupils found to be infested	4,667
(iii) Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)... ..	305
(iv) Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)... ..	23

Uncleanliness.

The general standard was satisfactory. The method of sending a letter to the parents drawing attention to the condition and advising treatment, followed by home visits from the School Nurse was usually sufficient.

Certain families are a constant source of trouble and whatever is done they continue to remain in this category, but it is hoped that with the help of the School Health Service these children will have been so educated in personal hygiene that there will not be any recurrence when they become older and have homes and children of their own.

Present methods of cleansing are easy and satisfactory and there is no excuse for a continuance of this objectionable infestation in any child.

Visual Defects and External Eye Disease.

	No. of Defects dealt with
Errors of Refraction (including squint)... ..	2,361
Other defect or disease of the eyes (excluding those recorded under Minor Ailments) ...	261
	<hr/> 2,622 <hr/>

Number of Pupils for whom spectacles were

(a) Prescribed	...	...	...	...	1,325
(b) Obtained	...	...	...	...	1,092

The Ministry of Education in Circular 179 (4th August, 1948) stated that the National Health Service will cause financial and structural changes in the School Health Service and the Special School system.

The Ministry of Health advised that the Regional Hospital Board (R.H.B.) will, in agreement with Local Education Authorities (L.E.A.) assume administrative and financial responsibility for all arrangements which in their opinion fall within the scope of their functions and are necessary for the discharge of their duties to provide hospital and specialist services.

The R.H.B. may make available for a L.E.A. without payment, the part-time services of a whole-time specialist in the Board's service, but the L.E.A. may provide directly with the aid of a grant, any additional specialist service for school-children.

It has been the practice in the past for the eye service to be undertaken by specialists appointed by the L.E.A. During the past year this practice has continued and service has been eminently satisfactory though the supply of spectacles has been most unsatisfactory. Whether the introduction of specialists employed by the R.H.B. and the provision of spectacles through the supplementary Ophthalmic Services of the Executive Councils will be equally satisfactory is open to doubt. The proposed new scheme must be given a fair trial. It is presumed that it will be some time before the R.H.B. specialists will be staffing the specialist eye clinics. There is no doubt that "priority" of supply of glasses should be given to special cases so recommended by the ophthalmic specialist.

It would appear that there is a conflict in purpose between the power to reclaim the cost for the supply of an appliance through neglect on the patients' part under the National Health Service Act, 1946 and Section 48 (3) of the Education Act which states that medical treatment for school children attending maintained schools shall be free of cost.

Minor Ailments and Diseases of the Skin.

The incidence of ringworm of the scalp continues to be very low though the incidence of impetigo and other skin diseases is much the same as last year. A number of scabies cases have been diagnosed and treated but there is an appreciable decrease in the incidence of this contagious disease. There were no major outbreaks of skin affections.

The Minor Ailments Clinics continue to serve a very useful function, and at the same time prevent the overcrowding of the surgeries of general practitioners who have more serious cases to treat.

Nose and Throat Defects.

	Total number treated
Received operative treatment—	
(a) for adenoids and chronic tonsillitis ...	1,235
(b) for other ear, nose and throat conditions	14
	<hr/>
Total ...	1,249
	<hr/>

In-patient and out-patient services provided by the Hospital and Specialist Services will be free of charge to Local Education Authorities though it is hoped that the recognised practice will be continued of allowing only fully experienced ear, nose and throat surgeons to perform the operation for the removal of tonsils and adenoids.

There are long waiting lists for cases awaiting treatment and it is not anticipated that even all urgent cases will secure treatment. Difficulty has been experienced by the delay in the notification from hospitals to Local Education Authorities of the discharge of patients. Such notification is required in order to “ follow up ” without delay by a home visit all cases discharged from hospitals.

It will be appreciated that this “ follow up ” is now also a direct responsibility of the Local Health Authority under the National Health Act, 1946, Part III, Section 28.

Ear Disease and Defective Hearing.

All cases of ear disease with or without associated defective hearing were examined by E.N.T. specialists at the out-patient department of the nearest convenient Hospital.

In the case of very young and nervous children progress has been made in the audiometric testing by the use of the “ peep show ” method of Mr. Cavenagh of the Worcester Royal Infirmary. This has enabled an accurate diagnosis to be made in many cases where previously it would have been impossible owing to the inability of securing the co-operation of the patient when the tests were carried out.

This is an apparatus designed for testing the hearing through a device which provides an association between the acuity of hearing and the recognition of certain panoramic pictures, such as Donald Duck, etc., on a small screen.

Repairs to sets supplied by the Local Education Authority before the 5th July, 1948, have to be paid for by the Authority because the Regional Hospital Board will not accept responsibility for these appliances.

DENTAL DEFECTS

Report by Mr. B. D. Britten, L.D.S. Chief Dental Officer.

During the course of the year the dental staff was further increased by the appointment of Mr. A. B. Dunworth, who took up his duties in the Kidderminster area on May 1st. This increase, together with the co-operation of the other members of the Staff has made the year one of outstanding success.

One additional Clinic, that at Colley Lane, has been put into use and has materially assisted the work in that area. The almost full-time use of the Prospect Lane Clinic, Kidderminster, since May has resulted in a great improvement in the position there, and plans are well advanced for the conversion of existing buildings to provide further dental clinics at Stourbridge, Stourport, Evesham and Kidderminster.

An examination of the table of figures for inspection and treatment will show details which may be described as startling. For the first time on record an approach has been made to inspecting, during the course of one year, each child attending school. This goal was not quite reached, but there were nearly 10,000 more children inspected than in any previous year. It is gratifying to find that these inspections were carried out in very little more than the average number of inspection sessions over the period of the last twelve years. The actual inspection rate for this year is approximately 128 cases per session.

Turning to the figures for treatment given, it is found that about 800 more sessions were devoted to this work than in the previous year. A strong and sustained effort to improve the position with regard to the conservation of the permanent teeth of children has resulted in a very great increase in the number of fillings inserted in permanent teeth. The previous years record number of 10,309 fillings was improved upon by nearly 50%, a most gratifying result. It is sad to see that it proved necessary to extract so many permanent teeth during the year, but it must be pointed out that many children were seen who had not had regular dental treatment in the past, and that the figure includes teeth extracted for orthodontic reasons. There is also a big increase in the number of temporary teeth extracted, and it is felt that these combined figures, which exceed those of the previous year by about 75%, are due in a large degree to the policy of increasing the number of general anaesthetics administered. The use of general anaesthetics allows the operator to extract all the condemned teeth for each patient at one sitting whereas this is not always possible under local anaesthesia. In this respect it will be noted that almost double the previous year's number of general anaesthetics were administered.

In spite of the increase in the number of children actually treated, the number of "other operations" has again shown a decrease. The term "other operations" includes such things as scaling and, most unfortunately, denture work, as well as such temporary operations as dressings in sensitive teeth, gum treat-

ment, etc., and it is not felt that the average number of such operations per child will fall much lower. Indeed, as and when more Dental Officers are appointed, further refinements in treatment may be given, and the figures for this type of treatment will tend to increase.

Some children are most unfortunate in that they had to have front teeth extracted, either as the result of accident or past neglect. Where it was felt advisable, dentures were fitted for these children by Dental Officers, and during the year, 21 dentures were fitted, a figure which is not shown in the table.

Orthodontic treatment has been undertaken, as in the past, at the Birmingham Dental Hospital, and 141 cases were referred there. In this connection, the Committee decided that cases from the Malvern and Evesham areas should be referred to a private practitioner in Worcester, on account of the long journeys which would be involved by attendance at the Birmingham Hospital. Altogether 12 cases were referred in this manner. These arrangements, while proving satisfactory for the present, are far from ideal, as there is a strict limit on the number of cases which may be referred to the Hospital. When it proves possible to have sufficient staff, such work could and should be undertaken by the Dental Officers themselves, thus avoiding much travel and loss of school time for the children concerned. Great strides have been made in recent years in the field of orthodontics, and parents are becoming increasingly interested in the regularity of their children's teeth. This is borne out by the ever increasing number of requests for orthodontic treatment. A first class School Dental Scheme should make provision for such work to be undertaken by the Dental Officers with assistance from a dental surgeon specially qualified to act as consultant and adviser. Such work, however, cannot be undertaken by the present staff as there are still not sufficient Dental Officers to deal with the two most important matters, the removal of sepsis and the conservation of the permanent teeth. A step in this direction was made, however, by the Committee granting me permission to attend a year's course in Orthodontics, consisting of one session weekly, at the Birmingham Dental Hospital, and this is certain to prove of great value in the future.

Undoubtedly, the question of caries of the teeth is bound up with that of diet, and, while there are no statistics available to make comparisons, the consensus of opinion amongst Dental Officers is that the good effects of war-time nutrition with its whole-meal bread, reduction in sugars, etc., have now worn off, and that once again caries is on the increase. The standard of oral hygiene varies greatly from place to place, and education of the children in the use of the toothbrush would undoubtedly prove beneficial.

Teachers have been as patient and helpful as ever, and once again I must thank them and all other helpers for their co-operation, without which the best of schemes would fail.

Dental Inspection and Treatment.

(1) Number of pupils inspected by the Authority's Dental Officers:

(a) Periodic age groups	...	...	...	...	43,997
(b) Specials	...	...	...	...	1,984
(c) Total (Periodic and Specials)	...	...	...	...	<u>45,981</u>

(2) Number found to require treatment ... 27,840

(3) Number actually treated ... 19,336

(4) Attendances made by pupils for treatment ... 25,072

(5) Half-days devoted to: (a) Inspection ... 359

(b) Treatment ... 3,214

Total (a) and (b) ... 3,573

(6) Fillings: Permanent Teeth ... 15,168

Temporary Teeth ... 580

Total ... 15,748

(7) Extractions: Permanent Teeth ... 3,415

Temporary Teeth ... 24,817

Total ... 28,232

(8) Administration of general anaesthetics for extractions 2,640

(9) Other operations: (a) Permanent Teeth ... 1,947

(b) Temporary Teeth ... 792

Total (a) and (b) ... 2,739

ORTHOPAEDIC DEFECTS

Orthopaedic Treatment.

(a) Number of school-children treated as in-patients in hospitals or hospital schools ... 65

(b) Number treated otherwise, e.g., in Clinics or out-patients departments ... 551

Orthopaedic and Postural Defects.

Inspection of routine and special cases often reveals some orthopaedic defect hitherto not noticed by parent or teacher. It is essential that orthopaedic defects should be "ascertained" as early as possible and that treatment should be immediate, regular and continued until the defect has been cured.

Treatment is no longer the responsibility of the Local Education Authority and arrangements have been made with the Birmingham Regional Hospital Board whereby the clinics continue to be held in the established premises, with the same staff of specialists and nurses in attendance.

The County Education Authority have also arranged for the Orthopaedic Sister, Miss O. M. Woods, and the Pysiotherapist, Mrs. K. Johnson, of the School Health staff, to continue to attend at these clinics.

After-Care.

Miss O. M. Woods, the Senior Orthopaedic After-Care Sister, has submitted the following report on the After-Care work carried out during the year 1948:—

No. of Clinic cases	No. of visits	No. of Non-Clinic cases	No. of visits
132	816	682	990

In addition 44 schools were visited and all the children present were inspected for postural defects, especially for a tendency to flat feet. At some 60 other schools visits were paid for "follow up" treatment and postural training.

Visits were paid periodically to the Malvern Open-Air School for the same purpose.

At Malvern (where the services of Mrs. Law were available until the end of October) it was possible to give more concentrated treatment and training. Postural training classes were held at schools and classes were also held at Clinics in Priory Lodge Hall and at Newtown, and from eight schools 167 children attended.

The After-Care Clinic at Evesham continued to be held. During the early part of the year weekly sessions were held when 31 school children attended and the kind help of Miss Savery was much appreciated. In the latter part of the year sessions were held monthly, chiefly for "follow up" purposes, as this is mostly done by school and home visits.

The After-Care Staff welcome the co-operation of Doctors, school teachers, nurses and parents in drawing their attention to any postural defects and hope that they will be called upon yet more to see any child in whom such defect is noticed or who is not responding to treatment, as on the preventive side so much is a question of training and constant practice.

When the treatment consists in wearing special boots or splints the school teacher can give invaluable assistance by encouraging parents to carry it out and to use the help and advice available.

The after-care service forms a link between the child and the doctor and the more the after-care sisters are called upon in cases of difficulty the better pleased they are.

HEART DISEASE AND RHEUMATISM

There is no doubt that the incidence of acute and sub-acute rheumatic affections in the child population has decreased remarkably during the past few years. It is a matter of clinical interest to "discover" an organic heart lesion with a case history of rheumatism. Parallel with the retrogression in the severity of the type of scarlet fever now encountered, so there is an equally agreeable fall in the incidence of serious heart sequelae associated with rheumatism. Whether this retrogression will continue or whether there will be a recrudescence is a matter for conjecture.

During 1948, only two sub-acute cases with cardiac involvement, were ascertained and in each case the diagnosis was confirmed by a consultant cardiologist.

TUBERCULOSIS

All cases of suspected tuberculosis infections were referred by the Assistant County Medical Officers to the Tuberculosis Officer and arrangements were made for all contacts to be examined and kept under observation if necessary; moreover all children who had a "pre-tubercular diathesis" were referred to the Tuberculosis Officer in order to ascertain that no infection had taken place since the last examination.

Dr. R. B. Mayfield, Chest Physician to the Birmingham Regional Hospital Board and Tuberculosis Officer to the Local Authority, has contributed the following summary:—

Tuberculosis in School Children, 1948.

Table I.

Notification of Tuberculosis in Children of School Age:

	Respiratory	Non-Respiratory	All Forms
1948	20	25	45
Average for previous 5 years...	10.8	17.8	28.6

The rise in the numbers of notifications is considerable. To some extent it is undoubtedly due to increased accuracy both in diagnosis and in formal notification, but it is, nevertheless, disquieting. The one consoling feature of the 20 lung cases, is that this form of tuberculosis in children is commonly of a benign type, and the majority of these patients can be expected to make complete recoveries. Of the 20 respiratory cases, one had a positive sputum, 16 were sputum negative and the notifications of the remaining 3 cases were withdrawn as the diagnosis was not confirmed, so that the original high figure of 20 cases notified is not so alarming as might appear at first sight.

Of the 25 non-respiratory cases, in 18 the disease occurred in the glands of the neck, 5 suffered from meningitis, 4 from abdominal tuberculosis, and one had a tuberculous joint. The glandular cases are scattered throughout the county and there is no suggestion of an epidemic arising from a particular milk supply. The most serious is the meningeal group. Here, the prognosis is still extremely grave, in spite of the discovery of streptomycin.

Table II.

Deaths from Tuberculosis in Children of School Age

	Respiratory	Non-Respiratory	All Forms
1948	0	5	5
Average for previous 5 years...	2.2	6.2	8.4

Table II provides a more pleasing prospect, especially as records of mortality are usually more accurate than those of morbidity. A similar drop in mortality has occurred this year in the tuberculosis deaths for all ages, but the records of the next few years must be awaited before any real significance can be attached to it. Nevertheless, it is encouraging.

Table III.

New Cases Examined at the Tuberculosis Clinics.

	Respiratory	Non-Respiratory	Totals
Tuberculous	21	19	40
Observation cases			72
Not Tuberculous			57
Gross Total			169

It should be noted that Table III does not include school children examined as contacts of known cases unless they were found to be tuberculous. Separate particulars of these are not readily available, but it may be of interest to record here that 403 child contacts of all ages were examined during the year, and four were found to be tuberculous (all respiratory cases).

Treatment.

A number of respiratory cases were admitted to Newtown Hospital, Worcester. Others were treated in Knightwick and Hill Top Sanatoria, and the Children's Hospital, Birmingham. Owing to shortage of sanatorium accommodation, many of these children had to remain at home. The shortage is not so great as for adult beds, but there is a real need for more beds for respiratory tuberculosis in children. There is reason to hope that this need may be met fairly soon.

Non-respiratory cases were treated for the most part in Newtown Hospital, various General Hospitals and the Royal Cripples Hospital, Birmingham. On the whole, hospital accommodation for this type of case is adequate.

Prevention.

There is no doubt that the great majority of the 45 cases notified this year contracted their disease from infectious adult cases of pulmonary tuberculosis. Clearly, therefore, one of the best means of prevention is to find and isolate the infectious case, and, if possible render it non-infectious by treatment. Mass radiography is proving useful in finding unsuspected cases, and will be more useful still as its operation extends. It is a valuable supplement to the traditional methods of examination of suspected cases and contacts. Unfortunately, the means of isolating the infectious cases fall a long way short of our needs. The principal needs to-day are two-fold, more sanatorium accommodation so that the infectious case may be removed from home as soon as discovered, and more houses, so that people may live in less crowded and better ventilated conditions such as are unfavourable to the spread of infectious disease.

Following Up.

Under Part III of the National Health Service Act, 1946, Sections 25 and 28, a duty is placed upon the Local Education Authority to undertake home nursing and any necessary after-care.

When a notification is received from the Hospital or specialist concerned, school children discharged from Hospital either as out-patients or in-patients always receive a home visit and any nursing treatment recommended is carried out.

Although the supply of spectacles is no longer under the direct control of the Local Education Authority, Health Visitors, School Nurses and District Nurses continue the normal procedure of a follow-up visit at school or home to see that the glasses are being worn and any special instructions issued by the Oculist are carried out.

Routine domiciliary and school visits in cases of any outbreak or the occurrence of any special type of illness have been continued.

Routine school inspections for cleanliness are undoubtedly an effective deterrent to children and parents who neglect personal hygiene.

With the implementation of the National Health Service Act, 1946, Section 48 (3) of the Education Act, 1944, has been superseded and although difficulties have arisen the various items of expenditure incurred under this section have now been settled with all Hospitals and authorities concerned.

EDUCATION ACT, 1944—SECTION 48 (3)

MEDICAL TREATMENT OF CHILDREN AT MAINTAINED SCHOOLS.

The arrangements outlined in my Report for 1947 continued unchanged until 5th July, 1948, when upon the introduction of the National Health Service Act, 1946, the Regional Hospital Boards became the responsible Authorities.

The amount paid by the Education Committee to Hospitals during the operation of the Scheme from 1st April, 1945, to 5th July, 1948, was in the region of £80,000.

INFECTIOUS DISEASES

Two schools in the Evesham Rural District were closed for short periods in February due to outbreaks of Measles.

WEST MALVERN RESIDENTIAL OPEN AIR COUNCIL SCHOOL

The following Report has been given by the Director of Education:—

Girls' Department.

From the medical point of view there is little to report for this year. Fortunately we had no epidemics of any kind and in spite of the lack of summer weather progress was good and steady. At the beginning of the Autumn Term a small girl was admitted with a cough suggestive of pertussis. She was isolated, came through a light attack without any complications and no contact cases resulted.

The Children's Officer (Miss Denham) visited the school with Miss Ashton and was pleased to hear of and see the results of our regime.

Three children who continually ran temperatures were seen by the T.B. Officer and on his recommendation were sent home to have long periods of rest.

We had four girls of 12 years of age who had been subject to really bad attacks of asthma since the ages of 3 or 5 years. None of them showed the slightest sign of having an attack from September to Christmas.

I would like to mention that the cleanliness of the children's heads has been remarkable. In September, on admission, only five heads out of 60 were not quite clean. Great credit is due to the work which this result must have entailed on the part of school nurses and health visitors in conjunction with parents.

During the year 158 girls were admitted to the school.

(Sgd.) G. LUCAS.

Boys' Department.

During the week beginning March 9th, 1948, 60 boys were admitted to the school.

Apart from one or two colds, all the boys kept very well during the whole term. As is usual, the boys admitted as suffering from asthma had no attacks while at the school. All the boys put on weight, the average gained being about 8 lbs. One boy gained 23 lbs. during the 10 weeks stay here, an asthma and bronchitis case!

During the Summer Term 12 boys had chicken-pox. We discovered later that a chicken-pox contact had been admitted. This boy developed a large herpes on his body during the first week of term.

Although there were 39 boys who had not had chicken-pox only 12 contracted it, most of them had very slight attacks. We also had two cases of German measles. However by the end of term all except one German measles case were quite well again. We have found that during the summer term the boys do not put on so much weight as they do in either the spring or winter term.

The winter term was a very good term from the point of view of health. All the boys kept well in spite of some very cold weather. Only one boy had a few days in bed with a sore throat. One the whole, 1948 was a very good year, every boy went home much better for his stay at the Open Air School.

During the year 183 boys were admitted.

(Sgd.) D. STAZICKER.

PHYSICAL TRAINING

The Director of Education has supplied the following report prepared by Mr. A. Charles and Mr. R. A. Young, his Advisory Officers:—

Staff.

The Advisory Staff has consisted of two men, one responsible for the northern part and the other for the southern part of the county.

The number of specialist teachers in Physical Education has not altered materially during the year. These were:—

11 women and 6 men—fully trained specialists.

7 „ „ 6 „ —two year trained with special 3 months courses.

1 woman and 3 men—emergency trained teachers with special 3 months courses.

1 „ „ 4 „ —University or college trained teachers with vacation courses.

Changes which have taken place have been occasioned by fully-trained teachers taking posts on Emergency Training College staffs and the appointment of emergency trained teachers to the vacancies so caused.

Teacher's Courses.

During the year, courses for teachers in primary schools were held in Malvern, Pershore and Upton-on-Severn and a one-day concentrated course in Athletics at Worcester, attended by specialist teachers from all parts of the County.

Swimming.

This year a simplified system of awards for proficiency and ability to swim was introduced and has proved very popular in the schools. In all, 850 children qualified for costume badges.

Organised Games.

During the year 12 schools were able to obtain the use of fields for organised games. This brings the total up to 158 schools which have the use of fields for this purpose.

P.T. Clothing and Shoes.

As a result of the de-rationing of clothing and shoes it was possible this year to increase the allowance of plimsolls from one tenth of the school numbers to one fourth. A corresponding increase in clothing was also possible.

The supply of rubber shoes is a great factor in increasing the value of physical training and games. We are gradually seeing the elimination of heavy boots or shoes worn during physical training and the improvement in footwork and movement, generally, is very marked.

On account of limitations of supply in the past, and lack of storage space, we have some way to go before the ideal of proper clothing and footwear for every child is reached. Many schools continue to make commendable efforts to augment the P.T. kit supplied by the Local Authority, in order that all their children shall be properly clothed for physical exercise.

SCHOOL MEALS AND MILK IN SCHOOL

It will be noted from the statistics given below, which have been supplied by the Director of Education, that there has been a continued expansion.

During 1947, Broadway School was the only school without a supply of milk, but arrangements have been made for this school to be supplied so that in 1948 all schools throughout the County will be receiving a supply of milk regularly.

It is to be hoped that the mushroom growth of the School Meals Service has passed and that a period of consolidation will follow. Improvisations and emergency buildings and equipment should be replaced by more suitable and adequate buildings. Kitchens which have been designed to prepare a certain number of meals a day and are now preparing meals greatly in excess of that number must be remodelled and their inadequate buildings and equipment replaced with modern fittings and adequate facilities commensurate with the number of meals to be prepared, cooked and despatched.

This is one example of the rapid growth of communal feeding; in common with all methods of communal feeding the attendant

danger of mass illness is greater and therefore still greater care must be exercised over the storage, preparation and despatch of food-stuffs and the supervision of food handlers and all workers in school kitchens and canteens.

*A Day in October, 1948.

MEALS—				(Fig. for 1947)
Dinners—Free	...	...	3,085	(2,389)
On Payment	...	...	22,894	(20,533)
Total			25,979	(22,922)
Breakfasts and Teas				78
MILK—				
No. of children who received				
$\frac{1}{3}$ pint	...	...	39,976	(38,879)
No. of children who received				
$\frac{2}{3}$ pint	...	...	78	(71)
No. of pupils present in Prim-				
ary and Secondary Schools...			46,495	(44,422)
No. of pupils present in Nurs-				
ery Schools	...	...	78	(71)
No. of Depts. having meals	...		279	(257)
No. of Depts. not having meals			38	(66)

(*All figures include the Borough of Oldbury)

CO-OPERATION OF PARENTS, TEACHERS, SCHOOL ATTENDANCE OFFICERS AND VOLUNTARY BODIES

Full co-operation exists between the Teaching and School Health Staff and the School Attendance Officers. One discouraging aspect is the trivial fines imposed by the Bench when assessing the penalty to be imposed upon parents for non-attendance of their children at school. These cases are always carefully investigated and only cases deserving of severe censure are brought to the courts. It is often a matter for the School Medical Officer to advise the Director of Education because in nearly all cases some form of excuse based on medical grounds is offered in defence. The N.S.P.C.C. is one of the remaining voluntary organisations which is doing a great service for the welfare of our children. It is to the N.S.P.C.C. that an appeal is made when the official machinery is too rigid and does not meet the peculiar needs of a particular case. The N.S.P.C.C., under the able direction of their Inspectors — Inspector Strangeman, Worcester area, Inspector C. E. Budd, Stourbridge area, and Inspector Amlot, Kidderminster, have continued to play a vital part in the School Health Services.

A high percentage of parents attended at the medical inspections and it is hoped that this proof of their interest in the health of their children and the facilities of the School Health Service will be maintained or even increased.

HANDICAPPED PUPILS.

Ascertainment of the eleven classes of handicapped pupils has shown that there is an urgent need for provision of adequate facilities for day and residential special educational treatment.

There is no special school accommodation under the direct control of the Worcestershire Education Authority who are absolutely dependent on the availability of accommodation at various special schools throughout the country. Generally, the Local Education Authority in whose area the school is situated has first claim on any vacancies and therefore Worcestershire is in a very difficult position. Fortunately, many of these special schools have kindly accepted some Worcestershire cases. As can be seen from the table below, there is an urgent need for suitable accommodation to be made available in Worcestershire, or, by combination with adjoining authorities, to provide for these categories where the numbers affected are too low, and the capital expenditure and running costs incurred would be too heavy, to be borne by any one authority.

It is regretted that the Development Plans of the Education Authority have not progressed as was anticipated because provision was made therein to provide limited accommodation for these handicapped pupils.

Although it is a great step forward to ascertain these children, it concurrently raises hopes in the hearts of their parents that at long last something is being done to help their children. It is only too evident when they are informed of the inability of the Local Education Authority to offer special educational treatment that their eager hopes give place to heartbreak, anxiety, and in some cases, despair.

If this special educational treatment is to be available for limited numbers only, let us realistically choose those who can derive some useful benefit and not waste this valuable and expensive training on those who are sent there merely to keep them occupied and to relieve the parents of the acknowledged heavy burden of caring for them.

The provision of special educational treatment in this country with its urban and rural areas is one of the major problems of the present system of education.

Name of Special School	No. admitted	No. disch'd. or Authority relieved of financial responsibility
Royal Normal College for the Blind, nr. Shrewsbury	2	I
Worcester College for the Blind	—	I
Birmingham Royal Institution for the Blind	I	6
Royal Cross School for the Deaf, Preston	I	I
Royal School for Deaf Children, B'ham	2	—
St. John's Institution for the Deaf, Boston Spa	I	—

Royal Institution for the Deaf, Derby ...	I	—
Moseley Road Day School, Birmingham	I	—
Winford Orthopaedic Hospital	—	2
St. Margaret School, Croydon	—	2
Baskerville Residential School, B'ham ...	I	—
St. Joseph's Heart Hospital School, Rainhill	I	—
Lingfield Epileptic Colony	—	3
Moorhouse School	I	I
Monyhull Special School	6	—
Southfields, Stroud	I	—
	—	—
	19	17
	—	—

The following table gives particulars of pupils maintained by this Authority at Special Schools during the year under review.

Names of Special Schools	Boys	Girls	Total
St. Joseph's Heart Hospital School ...	—	I	I
Winford Othopaedic Hospital, Bristol ...	—	2	2
Baskerville Residential School, Birmingham	—	I	I
Stanmore Cripples Training College, Middlesex	I	—	I
Burton Hill House School, Malmesbury ...	—	I	I
St. Margaret's, Croydon	2	—	2
Rutland Lodge, Ledbury	I	—	I
Paybody Hospital, Coventry	—	2	2
Shaftesbury Home, Bournemouth	I	—	I
Hutton Diabetic Unit	I	—	I
Dunnow Hall	I	—	I
Royal Institution for the Blind, B'ham ...	16	4	20
Worcester College for the Blind	I	—	I
Royal Normal College for the Blind, near Shrewsbury	2	—	2
Royal Cross School for the Deaf, Preston	I	—	I
St. John's Institution for Deaf and Dumb, Boston Spa	I	—	I
Royal Institution for the Deaf, Derby ...	—	I	I
Royal Res. Schools for the Deaf, Manchester	—	I	I
Royal School for Deaf Children, B'ham ...	7	7	14
Mary Hare Grammar School	—	I	I
Moseley Road Day School, Birmingham ...	I	I	2
Moorhouse School, Oxted	2	—	2
Lingfield Epileptic Colony	3	—	3
Monyhull Special School	5	15	20

Beacon School, Lichfield	...	...	...	I	—	I
Australasian Hospital	...	...	...	I	—	I
Springfield House, Birmingham	...	...	...	—	I	I
St. Joseph's, Sambourne	...	...	...	3	—	3
Southfields, Stroud	...	...	...	—	I	I
Ledstone Hall, Allerton Bywater	...	...	...	I	—	I
				—	—	—
				52	39	91
				—	—	—

The number of children reported to the Local Control Authority during the year was as follows:—

Education Act, 1944—Section 57 (3)	...	35
„ „ „ „ 57 (5)	...	4

During this year 46 cases were referred for advice to Dr. May Pearce who is approved by the Ministry of Education for the ascertainment of maladjusted pupils under Regulation 53 (a) of the Handicapped Pupils and School Health Service Regulations, 1945. In one case a special course of psycho-therapy was given with beneficial results.

Hearing Aids.

For partially deaf pupils where special residential school accommodation was not considered necessary, hearing aids were provided when recommended by the Ear, Nose and Throat Specialist. In each case considerable advantage has been derived by the pupils concerned. When necessary, the Education Committee have borne the cost of repairs and replacement of batteries.

Artificial Eyes.

One child was supplied with an artificial eye.

Provision of Insulin, etc.

For pupils suffering from diabetes the provision of insulin, syringes, scales, etc., by the Education Committee ceased on 5th July, 1948, when the provision was made under the National Health Service Act.

DELICATE CHILDREN.

In addition to the children admitted to the West Malvern Residential Open Air Council School, 87 delicate children were accommodated in various convalescent homes outside the County during the year, each case being given special consideration according to its needs.

Below is a table showing the number of delicate children admitted to convalescent homes:—

Name of Convalescent Home	No. of Children admitted
Metropolitan Convalescent Home, Broadstairs ...	4
Evans' Convalescent Home, Solihull	43
Moseley Hall Hospital for Children	3
Royal Alexandra Hospital, Rhyl	15
North of England Children's Sanatorium, Southport	4
St. Mary's Convalescent Home, Birchington-on-Sea	2
Seaside Children's Home, Exmouth	2
North Devon Children's Convalescent Home, Lynton	2
Royal West of England Sanatorium, Weston-super-Mare	1
Home for Invalid Children, Hove	4
House Beautiful, Bournemouth	1
Princess Christian Holiday Homes for Boys, Englefield Green, Surrey	1
Quarry House, St. Leonards-on-Sea	2
National Sunday School Children's Convalescent Home, St. Annes-on-Sea	1
Charnwood Forest Convalescent Home	1
West Kirby Children's Convalescent Home ...	1
	<hr/> 87 <hr/>

Discharge reports were obtained in all cases. From these reports it appeared that the majority of the children had derived considerable benefit.

SPEECH DEFECTS

Miss M. Edwards was appointed as Speech Therapist on 1st September, 1948. She has completed a survey of the County and it is intended that Speech Therapy clinics will be established at Oldbury, Kidderminster and Bromsgrove.

By arrangement with the City of Worcester, County cases from the surrounding areas of Worcester are seen at the Worcester Speech Clinic.

SECONDARY SCHOOLS

(County Modern, Grammar and Technical.)

Medical Inspections are carried out at 14-15 years of age or during the last year of school life.

Arrangements for re-examination, special examinations, and for any new entrants from schools outside Worcestershire are the same as in the Primary Schools.

In the case of pupils attending Grammar Schools a list of defects found at the inspection is supplied to the Headmaster or Headmistress. Parents who are not present at the examination are asked by letter to obtain medical treatment for any defect found.

Following Up.

Any request received by the County Medical Officer from specialists and hospitals requesting "after care" for any secondary school child who has been receiving treatment, either as an in-patient or an out-patient, is given immediate attention.

Arrangements are made for the School Nurse or Health Visitor to see the child at school or at home, and the parents are advised according to the instructions received from the specialist.

In many cases it would be of great assistance if the requests from hospitals for this "follow up" service were issued more promptly and not several days after the discharge of the patients.

Enquiry into Causes of Absence from School.

Last year the Ministry of Education, in conjunction with the Ministry of Health decided that an enquiry to try to find out the extent and cause of absence from school and illness amongst school children should be made in selected schools in three Urban areas and in two Rural areas in the country, one of the latter being Worcestershire.

The enquiry was to start in the Autumn of 1947 and continue for one year, having two objects:—

- (1) the collection of information on the extent and causes of absence from school and illness among the children attending the selected schools, and
- (2) the collection of information on various social and economic factors relating to the families to which those children belong.

The Education Committee readily agreed to co-operate in the enquiry and to allow the Medical Officers, Health Visitors and School Nurses, Teachers and School Attendance Officers to undertake the necessary work.

In December, 1948, the following letter was received from Sir Wilson Jameson, the Chief Medical Officer of the Ministry of Education:—

"Now that the field work of the enquiry into sickness and absenteeism of school children has come to an end, I would like to express my appreciation, and that of my colleagues at the Ministries of Education and Health, of the work of the staffs of the Education and Health Departments which has been so instrumental in making the investigation a success. I have particularly in mind those who have borne the brunt of the work, namely, the teachers, school attendance officers, health visitors, school nurses,

medical officers and clerical staff, and I would be glad if you would convey our sincere thanks to those of your staff who assisted. The records collected are of a high standard and there is no doubt that the study will help to produce a better understanding of some aspects of child life.

“ About 12,000 children, in four localities, were included in the enquiry, and considering the large amount of information collected it will naturally be some time before the results are available. These will doubtless be of interest both to you and those who assisted in the work, and my officers will be glad to come and discuss the results when available. We propose to publish a report of the enquiry, sufficient copies of which will be sent to you for distribution.”

NURSERY SCHOOLS

There are two Nursery Schools in the County, both of which are in the town of Redditch.

Dr. E. E. Henderson, the Assistant School Medical Officer, who attends as Medical Officer at these Nurseries has contributed the following Report:—

(1) *Evesham Street:*

Number on books, 40. There are never any empty places; as such occur they are immediately filled from the waiting list. From December, 1947, to December, 1948, there were 23 new entries and 23 left.

Causes of Leaving.

- (a) The majority leave to attend the Primary Schools.
- (b) Departure from the district.
- (c) Changed home conditions—one left because mother gave up work on account of birth of another baby, said she could not afford to keep child at Nursery School.
- (d) “ Drifters.” One child was an irregular attender with a feckless mother and ultimately left.
- (e) One child left for unknown cause.

Number who developed infectious diseases:—

Measles 11, Chicken Pox 1, Whooping Cough 1, Scabies 1.

Other diseases: Broncho pneumonia 1.

Number who have not been immunised against Diphtheria 0.

Number who have not been immunised against Whooping Cough (and who have not had whooping cough) 21. There are thus 21 children at risk to get unmitigated whooping cough. I am trying to introduce immunisation against whooping cough with the new entrants.

(2) *Beoley Road Nursery School.*

Number on books, 40. Vacancies also filled immediately from waiting list.

Number admitted for year, 16.

Number who left before attaining school age, 3.

Number of cases of infectious illness:-

Measles 10, Whooping Cough 4, Scabies 1.

Other illnesses: Pneumonia 1, and a few minor ailments.

All the children have been immunised against Diphtheria, and immunisation against whooping cough is progressing.

Unfortunately this school was closed owing to lack of staff from March to June, 1948. This caused some hardship to certain mothers to whom work was a financial necessity, particularly where she was the sole supporter of the child.

The children are given a full examination on admission or soon after and medical record cards completed. Thereafter each child is examined about once every three months and arrangements made for any treatment considered necessary (through the child's family doctor if possible). I visit the Nursery Schools each week for this purpose and at any other time should the Matrons require me.

The children, with few exceptions, are very healthy and happy and are obviously benefitting from their attendance at the Nursery School.

I feel I should like to emphasise that the real purpose of the Nursery School is to care for the child that is in need of it, and if possible to teach the mother if she needs instruction and guidance. Unfortunately, there is a tendency on the part of the public to regard the Nursery School only as a means of releasing the mother for industry. Judged on this ground, the Nursery School is uneconomic, indeed, we as guardians of the child's welfare might even regard it as harmful. It is our duty to teach the mother responsibility, not to release her from it; and I feel that we must not forget to regard our Nursery Schools as a necessary part of our educational system rather than ancillary to industry.

BYELAWS REGULATING THE EMPLOYMENT OF CHILDREN AND STREET TRADING.

Revised Byelaws regulating the employment of children and street trading were adopted by the County Council on the 16th February, 1948, and came into force on the 1st October, 1948.

The new Byelaws follow fairly closely the Byelaws made in 1934, the significant alterations being the following:—

(a) To give effect to the provisions in the Education Acts, 1944 and 1946, by raising the minimum age for employment from

12 years to 13 years and also to increase the age for the employment of children by their parents in light agricultural or horticultural work from 10 years to 12 years.

(b) To insert a byelaw providing for the employment of children before school hours. This byelaw is in accordance with the proposal of the Education Children's Care Sub-Committee that when the new byelaws were drafted provision should be made for a limited amount of morning employment.

(c) To limit employment after school hours to one hour, making a total of two hours for each school day. (Previously two hours after school was permitted, but then morning employment was forbidden).

(d) To make byelaws under Section 20 of the Children and Young Persons' Act prohibiting the employment of girls in street trading under the age of 18 years and limiting street trading to youths between the ages of 17 years and 18 years, subject to certain conditions.

Every child taking employment must be examined and certified physically fit by the School Medical Officer.

SCHOOL CLINIC PREMISES

Stourbridge.—Alterations almost completed.

Evesham.—Plan and tenders approved and work has commenced on these adaptations.

Kidderminster.—Plan approved and tenders accepted. It is hoped work will be completed towards the end of 1949.

Stourport-on-Severn.—Satisfactory progress with the alterations; hoped to be ready in June, 1949.

SCHEME OF DIVISIONAL ADMINISTRATION—BOROUGH OF OLDBURY AND KIDDERMINSTER DIVISIONAL AREA.

The divisional scheme for Oldbury is in full operation, and has been successfully integrated with the work of the Area Health Sub-Committee established under the National Health Service Act, 1946. Similarly, the Kidderminster Area Health Sub-Committee is dealing with the school health matters for the Division, which comprises the Boroughs of Kidderminster and Bewdley, the Urban District of Stourport, and the Rural Districts of Kidderminster and Tenbury.

The work undertaken by the clerical staff at headquarters, was gradually transferred during the year to the Divisional Office at Kidderminster as staff was increased there and they were able to cope with it.

The reports of the Borough Medical Officer for Oldbury and the Divisional Medical Officer for the Kidderminster area, for the year, are printed as appendices to this report.

NOTES FROM ANNUAL REPORTS OF ASSISTANT COUNTY
MEDICAL OFFICERS.

Dr. E. E. Henderson (Redditch Area).

“ The work is carried on in a pleasant atmosphere of co-operation and interest on the part of the Head Teachers and parents. There are of course a few obstinate exceptions among the latter.

“ Most of the schools are very overcrowded, and the buildings old, so that some dislocation of the school work and discomfort to the staffs is caused by a Medical Inspection.

“ The standard of health and nutrition appears to be rather better among the entrants than the older ages, which I assume is due to the improved care and interest taken in infancy. There is room for improvement in cleanliness in many cases, and one occasionally sees very unkempt and badly clothed children.

“ As regards treatment of defects, I think deafness is the most discouraging. Once established, this very handicapping defect is exceedingly difficult to improve, and I should like to refer many of these children to an Aural Surgeon.

“ The physically or mentally handicapped child is a problem, as there are no special schools in the district and the parents generally like to have the children living at home. They then attend the ordinary school where possible, but this is not the best course, either for them or the other pupils.”

Dr. E. Patterson (Bromsgrove Area).

“ I am inspecting fewer schools now than hitherto, owing to additional Child Welfare Centres. The health and general condition of the school children reach a satisfactory standard. Personal cleanliness is good in most schools, and is excellent in some. I am pleased to note that individual hand towels are now provided in the infant department of Beoley School; probably other schools will achieve this during the year. It is not being attempted at Cofton Common School, as there are no facilities for hanging them up.

“ Only one certificate under the byelaws for the Employment of School Children was asked for. Probably a number of children do various odd jobs, but I think it is likely that many employers are unaware of the byelaws.”

Dr. N. Baster (Bromsgrove and Redditch Areas).

School Health Service.

“ I have examined a number of children of low I.Q. during the year: most of them seem to be doing quite well in the ordinary schools, or at least they seem to be taking no harm from attending an ordinary school, neither do they seem a hindrance to the progress of other children, on the other hand they naturally make little progress. In view of the difficulty of arranging for their education in

special schools it would seem probable that if they could be allowed to attend only one of two schools in each district, a special teacher, covering a number of schools, could give them one or two lessons a day, this would enable the children to attend an ordinary school, very important, as it avoids stigmatisation, it would not interfere with the normal school curriculum and it would do something to keep the education of the children up to a reasonable level.

“ The nutrition of the children in the schools I visit seems generally to be extremely good, in the main they are well dressed and clean. Infestation is rare.

“ There seems to be considerable scope for improving the accommodation in some of the schools, a great deal could be done at comparatively low cost to modernise many of the old school buildings: the fabric of the buildings is generally much better than that which could be obtained to-day; it is the general lack of amenities and the internal layout which is generally at fault.”

Employment of Children.

“ In Bromsgrove the Secretary of the Education Committee has circularised all employers, as far as he has been able to ascertain them, he has advertised the byelaws in the local press, and is at present asking schools to let him know of any child not yet reported. The system is working well and he is confident that within the reasonably near future all, or at least as near as possible, all employed children will have been examined.

“ In Redditch at present only 50-60 children have been examined; this must be only a small part of the total employed in the district. The Secretary of the Education Committee has circularised all schools asking all teachers to ascertain the children employed and when the information is available he intends to communicate with their employers to ensure their compliance with the byelaws. He is confident that this will ensure the examination of more or less all employed children.”

Dr. M. M. Meikle (Blackheath and Cradley).

“ I have nothing to report of outstanding interest during the year in connection with my work, which is chiefly on the School Health Service side.

“ I should like to pay tribute to the work of the Open Air School and to remark on the usually much improved condition of the children on their return home. One wishes the stay there could be more prolonged in many cases.

“ The attendance at school clinics is on the whole fairly good, except in districts where the clinic is not centrally situated, and the distance too great for young children to attend without an escort.”

Dr. J. J. Murray (Evesham and Pershore Areas).

“ Nutritional states are generally very satisfactory, school meals provision playing an important part. The replacement of a few slices of bread and jam by a well balanced dinner, adequate in

quantity and quality, is an obvious nutritional gain of the utmost benefit to growth and energy.

“ This applies with greater force and is most markedly shown in those children whose home diets are unsatisfactory and who are often participants in the ‘ starchy diet of the dull,’ one refers in this phrase to the offspring of mentally apathetic mothers, who apparently are incapable of cooking proper meals, or indeed of being taught to do so. These cases are of course a small minority.

“ With the increased recognition of children as a national asset, the primary importance of good food for them needs continually stressing, and the very highest standards of cookery in schools—including instructional classes—should be aimed at.”

Nose and Throat.

“ There would seem to be an impression by many parents that the removal of tonsils and adenoids should be undertaken on very slight indications and quite frequently it is necessary to dissuade them from this course, stressing the advisability of trying breathing exercises, dental attention, diet and adequate ventilation, especially of bedrooms. As an example, the result of this operation when undertaken for ‘ frequent colds ’ without other factors, are not infrequently disappointing. Many children understandably seem to suffer from colds and other illnesses during their first years at school before adapting their resistances to the environmental change, and this is often the time when the operation is suggested by the parent.

“ These remarks do not, of course, seek to invalidate the excellent results obtained by operation in the many suitable cases seen.

“ In doubtful instances, the advice of a specialist is of much assistance.”

Orthopaedics.

“ Excellent work in the correction of minor and major defects of posture and of feet has been done by the Sister concerned. The improved type of shoes now more readily obtainable has played its part, but one of the main difficulties in achieving satisfactory results lies in the lack of parental perseverance in carrying out the prescribed exercises. In many instances, it is not appreciated that a considerable time is needed in treatment and that children must be constantly urged to do their foot exercises daily. It is also quite

often forgotten that shoes when 'raised' need frequent attention to maintain them at the prescribed thickness. One notices also that very short shoes and even more often, socks or stockings are worn, to adverse results, in many cases."

General.

"An extremely important factor in the examination of a child is to afford the parent present—invariably the mother—the utmost encouragement to speak fully and freely, and by sympathetic questioning to obtain every detail of the examinee's past history and environment, prior to the actual physical inspection. With the services of a nurse, who can furnish early family details, a most helpful picture can be obtained to aid all concerned, a triad united by their common desire to advantage the child's well-being."

Dr. F. S. Melville (Stourbridge).

"The condition of some of the Schools in the area is very poor, particularly Stambermill, but also Hill Street, and all the Schools are of course grossly over-crowded."

APPENDIX I.
KIDDERMINSTER DIVISIONAL AREA
SCHOOL MEDICAL SERVICE

Annual Report for the year 1st January, 1948, to
31st December, 1948.

Administration.

Prior to the 5th July, 1948, all Medical Cards of children attending schools in the Borough of Kidderminster were kept at the respective schools—Medical Inspections being carried out by the School Medical Officer. Medical Cards of children attending schools outside the Borough were kept at the County Buildings, Worcester, Dr. Markham receiving his instructions from there.

During the middle of August nearly 4,000 school medical cards were received, together with Ophthalmic cards, from the County. These were conveyed in an ambulance by Miss King and two willing helpers. The Borough cards were called in at intervals, thus giving the staff sufficient time to make the necessary arrangements regarding accommodation, etc. In all there are approximately 9,500 School Medical Cards in the Divisional Area Office.

Staff—Clerical.

Chief Clerk—Miss M. French.

Assistant Clerks—Miss E. M. Lane, transferred from the Borough Health Department.

Miss M. Pain, commenced duties on the 9.8.48.

Miss A. Harley Pea, commenced duties on the 23.8.48.

Handicapped Children (Kidderminster Borough).

The undermentioned cases have been examined and the necessary forms completed.

Defect	No. Examined	Recommended for for Institutional Treatment or special School	Result
Notified under M.D. Act.	2	2	At no School or Institution.
Previously notified under M.D. Act.	1	1	At no School or Institution.
Educationally Sub-normal	6	3	In attendance at ordinary School
Physically Defective	1	1	At no School or Institution
Spastics	3	3	At no School or Institution.
Deaf	1	1	Admitted to Special School.

Epileptic	1	—	Examined prior to leaving School Recommendation made regarding employment.
Multiple Defects	2	2	In attendance at ordinary school.

Orthopaedic Defects.

39 cases were referred for treatment—12 for posture, 8 for flat feet, and 19 for other defects.

Employment of Children in Entertainments.

13 children were examined prior to their appearing in pantomime. Two girls were considered unfit to take part, and the parents and the promoter informed. Despite this, one girl on more than one occasion appeared in performances. When this became known the child was prohibited from appearing again, and the promoter cautioned by the Education Authority.

Rotary Boys Home.

16 boys have had the privilege of a fortnight's residence at the Rotary Holiday Home for poor boys at Weston-super-Mare. Prior to the boys going they were medically examined and swabs taken of their nose and throat to ensure they were free from infection.

Convalescent Homes.

Four children in need of short convalescent treatment were sent away by the Authority.

Malvern Open Air School.

25 children were recommended for a period of residence at Malvern. During the year 13 only were able to be admitted.

Dental Services.

A full-time Dental Surgeon was appointed to the Borough in May, 1948. There was much work to do and many cases for anaesthetics. The Medical Officer has attended weekly to administer anaesthetics in order to reduce the number of cases awaiting treatment.

Immunisation at Schools.

159 children were immunised.

237 children were re-immunised.

Medical Inspections.

Without the help of another Doctor it would have been impossible to carry out the number of Medical Inspections in the schools this year. Doctor Meikle attended 43 school medical inspections.

Medical Inspections at the Girls' High School and Boys' Grammar School were, until last year, arranged direct from the County Office. Now these schools are dealt with in the same way as other schools in the Borough.

Conditions of Schools in Kidderminster Borough.

During 1947 and up to the end of March, 1948, the schools in Kidderminster were inspected; particular attention being paid to the following points:—

1. Heating.
2. Latrine accommodation.
3. Artificial lighting.
4. Washing accommodation.
5. Cloakrooms.
6. General decoration.

In the 17 Schools inspected recommendations were made as follows:—

1. Heating to be improved in seven schools.
2. Latrine accommodation to be improved in 15 schools.
3. Artificial lighting to be improved in 13 schools.
4. Washing accommodation to be improved in 13 schools.
5. Cloakrooms to be improved in four schools.
6. General decorations to be improved in 14 schools.

The actual position by the end of 1948 was as follows:—

1. Heating improved in four schools. No improvement in three schools.
2. Latrine accommodation improved in four schools. No improvement in 11 schools.
3. Artificial lighting improved in five schools. No improvement in eight schools.
4. Washing accommodation improved in three schools. No improvement in 10 schools.
5. Cloakrooms improved in one school. No improvement in three schools.
6. General decorations improved in eight schools. No improvement in six schools.

It will be seen from the above table that of the listed 66 recommendations, 25 have been carried out and that 41 still remain to be completed.

The required improvements in washing accommodation (10 schools); artificial lighting (eight schools), and latrine accommodation (11 schools) are the most urgent.

Many children have not the facilities for being taught proper hygiene at home and unless such facilities are provided at the schools, those children will grow up ignorant of healthy habits which help to keep them well.

Conditions of Schools Outside Kidderminster Borough.

During the last two years all the schools have been inspected in conjunction with Medical Inspections, a number of recommendations have been made and in a few cases the work has been carried out or is awaiting completion.

Many schools are dirty, dingy and badly in need of re-decoration. They must have a depressing effect on the children working there. The sanitary arrangements leave much to be desired, and in some cases are thoroughly unsatisfactory, even taking into account the "truly rural facilities" available locally. The washing facilities are most ^{un}satisfactory in the great majority of schools and it is felt that some immediate improvement could be made. It is impossible to teach children the elements of hygiene and cleanliness when in many cases, the school itself sets a bad example.

It is proposed to make further inspections of all schools in the area concerned in the next six to nine months and recommendations will be made where indicated.

COLIN STARKIE,

Divisional Medical Officer.

Caldwell Hall,
Kidderminster.

April, 1949.



BOROUGH OF OLDBURY

ANNUAL REPORT

OF THE

Borough School Medical Officer

TO THE

Oldbury Committee for Education

FOR THE YEAR 1948.

Borough School Medical Officer:

EUGENE V. CONNOLLY, M.B., B.Ch., B.A.O., D.P.H., L.M.,
D.C.H.

BOROUGH OF OLDBURY

OLDBURY COMMITTEE FOR EDUCATION.

Representative Members:

ALDERMAN B. T. ROBBINS, J.P., *Chairman*.
COUNCILLOR J. F. GOODE, C.C., *Vice-Chairman*.
ALDERMAN S. T. MELSOM, C.C.
,, H. H. ROBBINS, C.A.
,, G. W. ROSE, J.P.
,, Mrs. L. A. SMITH.

Councillors:

J. D. BEARD.	J. W. HOLLAND.
MRS. M. E. GARRATT.	W. H. HUNTER.
A. GUNN.	MRS. C. NASH.
MRS. E. M. J. GUNN.	MRS. R. SMALLWOOD, J.P.
L. C. HARGREAVES.	MRS. R. STARKIE.
W. HAYES, C.C.	F. W. THOMPSON.

Nominated Members:

SIR W. H. S. CHANCE, C.C.
DR. F. E. DAWES.
MR. A. P. HANDS, J.P., C.C.
MR. G. H. PRICE, C.C.

Appointed Members:

MR. H. V. CLIFT.
MR. G. H. MERCER, J.P.
MR. L. PRICE.
MR. F. WESTON.

SCHOOL ATTENDANCE AND CHILDREN'S CARE SUB-COMMITTEE.

Aldermen:

MRS. L. A. SMITH (*Chairman*).
S. T. MELSOM, C.C.
B. T. ROBBINS, J.P.
H. H. ROBBINS, C.A.

Councillors:

J. D. BEARD	MRS. C. NASH.
MRS. M. E. GARRATT.	MRS. R. SMALLWOOD, J.P.
L. C. HARGREAVES.	MRS. R. STARKIE.
W. H. HUNTER.	F. W. THOMPSON.

Nominated Members:

MR. A. P. HANDS, J.P., C.C.
MR. G. H. PRICE, C.C.

Appointed Members:

MR. H. V. CLIFT.
MR. L. PRICE.

STAFF:

School Medical Officer:

EUGENE V. CONNOLLY, M.B., B.Ch., B.A.O., D.P.H., L.M.,
D.C.H.

Deputy School Medical Officer:

C. D. ROSENWALD, M.B., Ch.B., D.P.H.

Assistant School Medical Officer:

PEARL E. FREEMAN, M.B., Ch.B.

Ophthalmic Surgeon:

JANE PARKER SMITH, M.B., Ch.B., D.O.M.S.

Dental Surgeon:

W. CROFTS ARKLE, L.D.S., R.F.P.S. (Glas.)
(Resigned 30-9-48)

MRS. M. J. BOND, L.D.S.

School Nurses:

MISS H. STANSFIELD.	MISS B. LAMB.
MISS D. A. EDWARDS.	MISS G. N. DAWSON.
MISS A. L. GADD.	MISS H. L. GAUNT.

Dental Clerk:

MISS A. E. SMITH.

Chief Clerk:

S. ASTLEY.

Clerks:

MISS N. B. RICKETTS.	MISS B. TUCKER.
MISS S. M. WATERHOUSE (Part-time).	MISS V. H. SCRIVEN. (Resigned 31-10-48).
MISS I. HIPKISS. (Resigned 30-11-48)	MISS J. SMALLWOOD.
MISS M. D. LEESE.	MISS H. M. NIGHTINGALE. (Resigned 20-3-48).
MISS I. D. BUTLER. (Part-time).	MISS T. GARNER. (Commenced 11-5-48).

BOROUGH OF OLDBURY

To the Chairman and Members of the Oldbury Committee for Education.

Mr. Chairman, Ladies and Gentlemen,

I have the privilege to present my Report on the work of the School Medical Service for the year 1948.

The year under review was notable for the coming into operation of the National Health Service Act, 1946, and as a result every child is now entitled to the services of a family doctor and such hospital and specialist treatment as is necessary. In short, the Act provides facilities for an efficient medical, nursing, and preventive service for children; and Education Authorities now discharge their obligations under Section 48 of the Education Act, 1944, through the National Health Service. The School Dental Service in general remains unaffected but payment for special treatment at Dental Hospitals is no longer required and is no longer the responsibility of the Education Authority.

Anticipated further accommodation for educationally sub-normal children has not yet materialised and additional accommodation is anxiously awaited and is, indeed, a necessity. Neighbouring Authorities accommodated 27 of our children in Day Special Schools during the year, which was a considerable help in dealing with these cases, but is far from fulfilling our urgent needs in this direction. The present system of grading children by age in schools rather than by ability is causing much unhappiness to the slow and dull child, and the general system is open to question. The placing of a child in a class beyond his capacity has on occasion given rise to compensatory aggressions in various forms such as truancing, or pilfering and may be the cause of serious psychological disturbances.

The number of children requiring fusion training for defective vision continues to grow and as Orthoptic treatment is a lengthy procedure and parents have to be continually encouraged to attend the hospital clinics, there appears to be a place for the provision of this treatment locally, also valuable school-time is lost and a certain amount of inconvenience is caused to parents and children in attending at hospitals. Orthoptics comes into the realm of treatment and as education authorities are no longer responsible for this provision, efforts are being made to provide this treatment locally through the responsible authority, which is now the Regional Hospital Board.

In addition to the Solarium kindly placed at our disposal by Messrs. Accles and Pollock Ltd., two further ultra violet light lamps have been provided by the Education Committee during the year and we are at last coping satisfactorily with the numbers of children recommended for treatment.

Children found to have unclean heads at school inspections are too numerous and the position is far from satisfactory as there is no excuse for infestation of any sort. The fallacy of the harmlessness of a few nits needs to be dispelled from the minds of parents as a small number of nits is a potential source of a heavy infestation. Apathy on the part of offending parents is disquieting and in spite of demonstrations by the School Nurses, and the free supply of the necessary materials, many children are again allowed to become re-infested. This complaint which can be attributed to carelessness on the part of parents is a common cause of insomnia in affected children and as many of these children are already neglected in other ways the added factor of lack of sleep undoubtedly contributes in no small measure to a further undermining of their health.

The number of children examined at periodic medical inspections during the year who showed evidence of lack of sleep has given rise to much comment by the Assistant Medical Officers, as it appears that many children in the Borough are not obtaining the necessary amount of sleep. The irritable child lacking in energy can often be cured by the simple expedient of "early to bed". There is no excuse for keeping a child up later during the Summer owing to the bright nights as he needs just as much sleep during that period as in the Winter. If parents would remember that the child who is not getting on as well as they would like is often only in need of an extra hour or two of sleep, it would go a long way to improving his health and furthering the health of our school population.

With reference to infectious Diseases, there has been a noticeable increase in the number of cases of Whooping Cough notified and a marked decrease in the cases of Measles. It is pleasing to record a further reduction in the number of cases of Diphtheria, only four being notified. Our immunisation figures, in spite of several campaigns, still show room for improvement and though the teaching staff of the schools are doing valuable work in this direction we further appeal to all teachers particularly in nursery classes and infants schools who have more opportunities of meeting parents, to stress the undoubted and proved value of immunisation. Members of the Committee could also use their valuable influence in encouraging the public to have their children protected. There is no reason why every child in the Borough should not be immunised and parents have little excuse for neglecting such a valuable and simple procedure, as facilities are provided for immunisation every day in the week at our Clinics and private Doctors are glad to provide preventive treatment free of charge if requested.

The waiting list for places at the Malvern Open Air School continues to grow, and additional accommodation for Oldbury children would be an advantage. Parents are becoming more aware of the advantages of such a school and the number of requests for admission exceeds the number of places allotted.

To sum up, the health of the schoolchildren of the Borough is on the whole satisfactory and as far as can be ascertained from

the results of periodic medical inspections, the health of our children has been well maintained during the year and appears to be even better now than in pre-war days.

I would like to express my sincere thanks to the Chairman and Members of the Education Committee for their assistance and support, to the Education Officer, Teachers and Colleagues for their co-operation and to my Medical and Clerical staff who have given me such excellent service and very loyal co-operation throughout the year.

I am,

Mr. Chairman, Ladies and Gentlemen,

Your obedient servant,

EUGENE V. CONNOLLY,

School Medical Officer.

Greenwood Avenue,
Langley,
Oldbury.

February, 1949

GENERAL INFORMATION.

Cost of School Medical Service for year ending 31st March, 1948	...	...	...	£8,469
Product of Penny Rate (1947-48)	...	...	...	£891
Cost of School Medical Service—Rate in the £	...	...	...	9.505d.

PUBLIC ELEMENTARY SCHOOLS IN OLDBURY.

SCHOOL	Average No. on Roll 1948	No. on Roll at 31-12-48	Accom- modation in each Dept.
Oldbury Grammar...	540	544	500
Oldbury Technical...	123	132	120
Albright Secondary Modern Boys'	383	426	480
" " " Girls'	415	458	480
Bristnall Hall Secondary Modern Boys'	471	524	480
" " " " Girls'	419	475	480
St. Michael's C. of E. Secondary /Modern	313	344	320
Bleakhouse Primary Junior Mixed	319	296	400
Brandhall Primary Infant and Junior	393	371	350
Castle Road Primary Infant and Junior	311	303	516
Church of England Primary Infants'	112	108	182
Good Shepherd C. of E. Primary Junior Mixed	201	194	278
Moat Farm Primary Boys'	302	283	384
Moat Farm Primary Girls'...	309	312	384
Moat Farm Primary Infants'	375	387	350
Rood End Primary Junior Mixed	431	436	520
Rood End Primary Infants'...	297	297	290
Rounds Green Primary Junior Mixed	421	426	480
Rounds Green Primary Infants'	254	266	330
St. Francis X.'s R.C. Infant, Junior and Senior	184	185	210
St. Hubert's R.C. Infant and Junior	154	149	192
Titford Road Primary Boys'	285	276	330
Titford Road Primary Girls'	262	267	330
Titford Road Primary Infants'	344	330	336
Warley Primary Infants'	191	183	389
Totals	7,809	7,972	9,111

NURSERY CLASSES.

School	Established	Average No. on Roll
Brandhall ...	... September, 1941 ...	30
Castle Road	... First Class April, 1937 ...	} 43
	... Second Class October, 1943 ...	
Moat Farm	... August, 1938 ...	30
Rood End ...	... November, 1942 ...	30
Rounds Green	... First Class August, 1938 ...	} 42
	... Second Class October, 1942 ...	
Titford Road	... First Class August, 1940 ...	} 34
	... Second Class September, 1946 ...	
Warley ...	... August, 1942 ...	30
		239

PERIODIC MEDICAL INSPECTION.

The number of children examined was as follows:—

	1946	1947	1948
Entrants (5 years) ...	648	661	858
2nd Age Group (9 years)...	639	797	731
3rd Age Group (13 years)...	596	640	610
Other Periodic (11 years, 15 years)...	—	662	644
Specials ...	56	38	173
Nursery Classes ...	—	141	130
Pre-School ...	16	664	551
	1,955	3,603	3,697

Of the 130 children examined at Nursery Inspections and 551 Pre-School children the following defects were referred for treatment:—

	Nursery Classes	Pre-School
Skin defects ...	1	9
Eye defects ...	5	20
Ear defects ...	2	6
Nose and throat ...	12	48
Speech ...	—	—
Cervical glands ...	7	44
Heart and circulation ...	—	4
Lungs ...	6	14
Developmental ...	—	2
Orthopædic ...	10	56
Nervous system ...	—	—
Psychological ...	—	—
Other defects ...	1	24
	44	227

In addition 3,040 defects from previous inspections were re-examined and 510 were referred for treatment.

5,166 re-inspections were carried out for special purposes as follows:—

	No. of Children Inspected.
Specials in School	173
Re-inspection of Defects	3,040
Attendances at Ear, Nose and Throat Clinics ...	556
„ „ Orthopædic Clinics	358
„ „ Investigation Clinics	519
Edmond Hall Camp School (F.F.I. examinations)	390
Malvern Open-Air School	45
Weston-Super-Mare Rotary Boys' Home ...	51
Employment of Children	2
Mental Tests and Examinations	32
Total ...	<u>5,166</u>

Nutrition.

Table 2 at the end of this report gives a classification of the nutritional state of children inspected at Periodic Medical Inspections during the year.

Through the courtesy of the Education Officer I am informed that a total of 646,213 meals were served in school during the year and of this number 56,718 meals were served free of charge. Almost one half of all children attending the schools in the Borough take their mid-day meal in school.

Similarly I understand 1,387,947 bottles of milk were supplied. All children now receive their school milk free of charge and this milk adds an additional 14%, approximately, of first class protein to the child's diet.

Children in the Nursery Classes continued to be supplied with Cod Liver Oil and Orange Juice and where necessary iron tablets.

MINOR AILMENTS AND DISEASES OF THE SKIN.

The total number of children examined at the Minor Ailment Clinics by the doctor during the year was 1,910. Re-examinations totalled 1,383.

The number of children treated for minor ailments at the three clinics are as follows:—

Clinic	No. of children	No. of attendance for treatment
Warley	1,066	2,075
Langley	611	1,237
Oldbury	1,056	2,704
	<u>2,733</u>	<u>6,016</u>

Defects Treated	Oldbury	Langley	Warley	Total
Impetigo	17	26	27	70
Ringworm	5	14	6	25
Scabies	14	19	21	54
Other Skin Diseases ...	265	54	204	523
Blepharitis	20	6	9	35
Conjunctivitis	33	18	58	109
Other Eye Conditions ...	59	48	61	168
Otorrhœa	31	8	72	111
Other Ear Defects	69	32	44	145
Minor Injuries, Sores, etc.	184	86	200	470
Miscellaneous	578	239	495	1,312
Totals	1,275	550	1,197	3,022

Scabies.

During the course of the year 37 children received 44 baths and 44 treatments for Scabies.

It is pleasing to record the marked reduction in the number of cases of Scabies. This condition which, during the war and immediately after, was a major problem is decreasing rapidly.

TREATMENT OF DEFECTIVE VISION AND SQUINT.

During the course of the year 686 cases attended the Clinic for examination by the Ophthalmic Consultant. 509 cases were seen for errors of refraction, spectacles were prescribed in 375 cases and in 171 cases the spectacles were reported to have been obtained up to 5th July, 1948.

168 cases were referred to the Birmingham Eye Hospital and West Bromwich and District General Hospital; 134 cases were recommended for fusion training.

EAR, NOSE AND THROAT DEFECTS.

At the Ear, Nose and Throat Clinic 233 children made 556 attendances at 49 sessions.

186 children attended at the Hallam Hospital, West Bromwich, for the removal of Tonsils and Adenoids under the Committee's scheme. 12 children attended the Children's Hospital, Birmingham, and 6 children attended the West Bromwich and District Hospital. 10 children were referred to hospital for other forms of treatment.

There were 6 refusals for removal of Tonsils and Adenoids.

ORTHOPÆDIC AND POSTURAL DEFECTS.

49 sessions were held at the Council's Orthopædic Clinic at the Hollies, Joinings Bank, Langley, during the year. 123 children made 358 attendances.

9 cases received inpatient treatment at the Woodlands during the year.

These figures do not include cases of bone Tuberculosis which are cared for under the County Council's Tuberculosis scheme.

4 crippled boys continued in whole-time attendance at the Heritage Craft School, Chailey, Sussex.

INVESTIGATION CLINIC.

This Clinic is held on Saturday mornings. Arrangements are made for special cases to attend by appointment at the Clinic, so that the Medical Officer shall have a better opportunity of investigating the case than he has at any other session during the week.

During the year 50 sessions were held. 193 children attended on 519 occasions.

SUNRAY CLINIC.

By courtesy of Messrs. Accles and Pollock the School Medical Department has had an Ultra-Violet Ray Department at its disposal, in addition to the two lamps provided by the Committee for Education, and 447 children made 4719 attendances at 133 sessions.

UNCLEANLINESS.

On an average three visits were made to each school during the year.

The total number of children examined was 18,479, of whom 1,329 were found to have nits in the hair and 126 were found to have numerous nits or vermin.

It was not necessary to take proceeding against any family, but a more extensive drive is contemplated in connection with these cases during the coming year.

HOME VISITING BY SCHOOL NURSES.

The School Nurses paid 1002 visits to children's homes during the year. These visits were for the purpose of following up defects found at medical inspections, uncleanliness and infectious disease.

JUVENILE OFFENDERS.

It was reported to the appropriate Sub-Committee during the year that 81 children attending Oldbury Schools had to appear before the Courts as Juvenile Offenders.

INFECTIOUS DISEASES.

Notifications of Infectious Disease received during the year for children between the age of 5 and 15 years, together with the Comparison Figures for last year are given below:—

				Cases		Hospital	
				1947	1948	1947	1948
Whooping Cough	...	...	...	10	61	—	2
Measles	...	...	...	213	84	4	6
Diphtheria	...	...	...	6	4	6	4
Scarlet Fever	...	...	...	72	92	4	13
Para-Typhoid	...	...	...	—	8	—	8
Typhoid	...	...	...	—	3	—	3
Pneumonia	...	...	...	9	3	—	—
Acute Anterior Poliomyelitis	...	...	...	5	1	5	1
Cerebro-Spinal Fever	...	...	...	—	1	—	1
Pulmonary Tuberculosis	...	...	...	6	7	2	—
Non-Pulmonary Tuberculosis	...	...	...	2	2	1	—

WHOOPING COUGH.

Sixty-one cases were notified during the year. The prevention or modification of the disease is now practicable and the simultaneous immunisation against whooping cough and diphtheria can be performed, though the results are not quite as certain as those in connection with diphtheria immunisation.

MEASLES.

The number of cases notified show a decrease of 129 on the previous year. The only certain way of avoiding infection is to avoid exposure to infection and that for the urban child is practically an impossibility.

DIPHTHERIA.

There was a fall in the number of cases of Diphtheria among school children in 1948. The number of school children submitted for Immunisation during the year was 32. It is estimated that 88.03% of all children between the ages of 5 and 15 years in Oldbury were Immunised on the 31st December, 1948. The value of Immunisation is beyond doubt and it is to parents that we appeal for an even greater improvement in our immunisation figures. Inoculation at the age of 1 year should be a routine habit for all mothers.

EXCLUSION OF CHILDREN.

The total number of exclusions issued by the School Medical Department was 1416.

262 children were excluded as a result of having infectious disease; 508 for verminous heads and 646 for minor ailments.

CAMP SCHOOL.

Full use continues to be made of the arrangements for Senior children to attend for fortnightly periods at Edgmond Hall Camp School. The total number of children examined for admission to the school during the year was 390.

OPEN AIR SCHOOL.

In 1948 the County Education Committee were able to place at the disposal of Oldbury school children 45 places at the Open Air School, Malvern. A total of 45 children were sent, 24 were girls and 21 boys. The waiting list for places in the Open Air School justifies additional accommodation being made available.

ROTARY BOYS' HOME, WESTON-SUPER-MARE.

By courtesy of the Rotary Club of Oldbury it has been possible to obtain accommodation in the Rotary Boys' Home at Weston-Super-Mare for selected candidates to spend two weeks each by the seaside. In collaboration with the Heads of the Boys' Schools, 32 pupils went to the Home during the year.

EDUCATIONALLY SUB-NORMAL CHILDREN.

32 Intelligence Tests were carried out during the year; 3 cases were notified to the Mental Deficiency Act Committee, 11 recommended for a special School or Class, 17 recommended for accommodation in special classes in an ordinary school and 1 recommended for education in an ordinary school.

REPORT OF THE SCHOOL DENTAL SURGEON FOR 1948.

In 1948 we saw the introduction of the National Health Scheme, and although this has not yet included the School Dental Service in its plan, it is true to say that the school children and parents are more dentally minded.

During the past years, an ever increasing number of Pre-school children have been treated, and many of the parents of these children have been willing to permit fillings to be done in the milk teeth, which means that when they become of school age, their dental treatment will be minimised.

The number of fillings which have been done in children of all ages, throughout all the schools has risen 100%, and although we are yet far from our goal, the bogey of fillings is slowly disappearing.

Mr. Arkle, the Senior Dental Surgeon, left us in September to return to his native soil of Scotland, and everyone who knew him, will want to join me in wishing him every success in his new appointment.

At the same time, Miss M. D. Leese, my Dental Clerk, returned to the Health Department on my resumption as a full time Dental Officer in Oldbury, and Miss A. E. Smith is now faithfully carrying on as my Dental Clerk.

My sincerest thanks are given to the Medical Officer of Health and his Staff, the Headmistresses, Headmasters and Staff of the Schools, in helping to lighten my task, and to Miss A. E. Smith and Miss M. D. Leese, for their kindly and co-operative assistance.

MARJORIE J. BOND.

TABLE I.

Medical Inspection of Pupils attending maintained Schools.

A. PERIODIC MEDICAL INSPECTIONS.

Number of Inspections in the prescribed groups:—

Entrants	...	...	...	...	858
Second Age Group	...	...	...	...	731
Third Age Group	...	...	...	...	610
					—
Total				...	2,199
					—

Number of other periodic inspections ... 644

Grand Total ... 2,843

B. OTHER INSPECTIONS.

Number of special inspections	...	...	...	173
Number of re-inspections	...	...	...	5,166
				<hr/>
			Total	... 5,339

C. PUPILS FOUND TO REQUIRE TREATMENT.

GROUP	For defective vision (excluding squint	For any of the other conditions recorded in Table IIA	Total individual pupils
(1)	(2)	(3)	(4)
Entrants ...	—	256	256
2nd Age Group	76	147	212
3rd Age Group	84	117	185
Total ...	160	520	653
Other periodic Inspections ...	80	120	191
Grand Total ...	240	640	844

TABLE II.

Defect Code No.	Defect or Disease	Periodic Inspections		Special Inspections	
		No. of defects		No. of defects	
		Requiring treatment	Requiring to be kept under observation, but not requiring treatment	Requiring treatment	Requiring to be kept under observation, but not requiring treatment
	(1)	(2)	(3)	(4)	(5)
4	Skin	48	10	2	—
5	Eyes - a. Vision	240	52	35	5
	b. Squint	53	9	1	—
	c. Other	45	4	—	—
6	Ears - a. Hearing	5	12	—	1
	b. Otitis Media	28	18	—	1
	c. Other	22	5	2	—
7	Nose or Throat	198	128	4	—
8	Speech	4	10	1	—
9	Cervical Glands	74	120	2	2
10	Heart and Circulation	19	39	3	1
11	Lungs	50	46	2	1
12	Developmental—				
	a. Hernia	6	11	—	—
	b. Other	—	1	—	—
13	Orthopaedic—				
	a. Posture	10	41	1	3
	b. Flat foot	68	293	12	24
	c. Other	52	85	2	4
14	Nervous System—				
	a. Epilepsy	—	4	—	—
	b. Other	3	4	—	—
15	Psychological—				
	a. Development	3	5	—	—
	b. Stability	2	4	—	—
16	Other	85	48	3	—
	TOTALS	1015	949	79	42

B. CLASSIFICATION OF THE GENERAL CONDITION OF PUPILS INSPECTED.

Age Groups	No. of Pupils inspected	A. (Good)		B. (Fair)		C. (Poor)	
		No.	% of col. 2	No.	% of col. 2	No.	% of col. 2
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Entrants	858	546	63.63	279	32.52	33	3.85
2nd Age Group	731	318	43.50	352	48.15	61	8.35
3rd Age Group	610	274	44.92	285	46.72	51	8.36
Other periodic inspection	644	239	37.11	346	53.73	59	9.16
TOTAL	2,843	1,377	48.43	1,262	44.39	204	7.18

TABLE III.
TREATMENT TABLES.

GROUP I.—Minor Ailments—excluding uncleanness.

(a)					Number of defects treated or under treatment during the year
<hr/>					
SKIN—					
Ringworm—Scalp					
(i) X-Ray treatment	...	...	...	...	—
(ii) Other treatment	...	...	...	...	—
Ringworm—Body	...	...	...	...	25
Scabies	...	...	...	...	54
Impetigo	...	...	...	...	70
Other skin diseases	...	...	...	...	523
EYE DISEASE (external and other, but excluding errors of refraction, squint and cases admitted to hospital)					312
EAR DEFECTS					256
Miscellaneous					1,782
(e.g. minor injuries, bruises, sores, chillblains etc.)					
<hr/>					
Total					3,022

(b) Total attendances at minor ailment clinics ... 6,016

GROUP II.—DEFECTIVE VISION AND SQUINT (excluding eye diseases treated as Minor Ailments—Group I).

Errors of refraction (including Squint)	...	509
Other defects or disease of the eye (excluding those recorded in Group I)	... ..	108
Total		617

Number of pupils for whom spectacles were

(a) Prescribed	... ..	375
(b) Obtained	... ..	171

GROUP III.—TREATMENT OF DEFECTS OF NOSE AND THROAT.

Received operative treatment—

(a) for adenoids and chronic tonsillitis...	...	204
(b) for other nose and throat conditions	...	—
Received other forms of treatment	... ..	10
Total		214

GROUP IV.—ORTHOPÆDIC AND POSTURAL DEFECTS.

(a) Number treated as in-patients in hospitals or hospital schools	... ..	10
(b) Number treated otherwise e.g. in clinics or out-patient departments	... ..	29

GROUP V.—CHILD GUIDANCE TREATMENT AND SPEECH THERAPY.

Number of pupils treated—

(a) under Child Guidance arrangements	...	—
(b) under Speech Therapy arrangements	...	25

TABLE IV.

DENTAL INSPECTION AND TREATMENT.

(1) Number of children inspected by the Dentist:—

(a) Periodic age-groups—

Age ...	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	Total
Nc. ..	11	239	1055	1009	949	916	968	907	1119	632	670	546	122	63	47	5,252

(b) Specials	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	913
(c) Total (Routine and Specials)	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	10,165
(2) Number found to require treatment	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4,702
(3) Number actually treated	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	3,926
(4) Attendances made by children for treatment	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4,985
(5) Half-days devoted to:—																
Inspection	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	62
Treatment	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	579
																641
(6) Fillings:—																
Permanent Teeth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2,281
Temporary Teeth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	158
																2,439
(7) Extractions:—																
Permanent Teeth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	451
Temporary Teeth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	4,084
																4,535
(8) Administration of general anæsthetics for extractions																2
Administration of local anæsthetics for extractions	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	2,657
(9) Other operations:—																
Permanent Teeth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	417
Temporary Teeth	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	—
																417

TABLE V.
VERMINOUS CONDITIONS.

1.	Total number of examinations in the schools by the School Nurses or other authorised persons	18,479
2.	Number of individual children found unclean ...	1,455
3.	Number of individual pupils in respect of whom cleansing notices were issued (Section 54 (2) Education Act, 1944)	305
4.	Number of individual pupils in respect of whom cleansing orders were issued (Section 54 (3) Education Act, 1944)	23

TABLE VI.
SCHOOL MEDICAL AND DENTAL STAFF.

Name of Officer		Proportion of whole-time devoted to	
		School Medical Service	Public Health
S.M.O.	... Dr. E. V. Connolly	$\frac{1}{3}$	$\frac{2}{3}$
Deputy S.M.O.	Dr. C. D. Rosenwald	$\frac{1}{2}$	$\frac{1}{2}$
Asst. S.M.O.	Dr. Pearl E. Freeman	$\frac{1}{2}$	$\frac{1}{2}$
Snr. Dentist—	W. Crofts Arkle (to 30.9.48)	$\frac{4}{5}$	$\frac{1}{5}$
	Mrs. M. J. Bond	$\frac{4}{5}$	$\frac{1}{5}$
	(Part time $\frac{3}{5}$.) (Whole-time from 1.10.48.)		

SCHOOL NURSING STAFF.
(excluding Specialist Nurses such as Orthopædic Nurses).

		Number of officers	Aggregate of time given to S.M.S work in terms of whole-time officers
School Nurses	...	7	$3\frac{1}{2}$
District Nurse	...	—	—
Nursing Assistants*	...	—	—
Dental Attendants	...	2	$1\frac{4}{25}$

*This term refers to the untrained assistants described in paragraph 3 of Circular 1604.

